Form Approved

OMB No. 0920-xxxx

Exp. xx/xx/xxxx

**State and Community Awardee** **Staff Needs Assessment**

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx).

**Staff Needs Assessment**

The purpose of this assessment is to help your organization identify strengths and areas of potential growth regarding your ability to support the implementation of this project. This assessment is aligned with the key components of this project and requests information on your organizational background, partnerships, community mobilization, evidence-based programs, training and technical assistance for program implementation, contraceptive services for youth, educating stakeholders, and cultural competence and diversity.

Please respond to only those sections that apply to your project role. Please answer as honestly as possible. Results from this assessment will be used by CDC and the five funded National Organizations to develop a targeted training and technical assistance plan for your organization.

Thank you for your candor in completing this important assessment.

**Section I. Individual Information**

1. **Please select your organization.**

|  |  |
| --- | --- |
|  | Alabama Department of Public Health |
|  | Adolescent Pregnancy Prevention Campaign of North Carolina |
|  | Family Planning Council |
|  | Fund for Public Health New York |
|  | Georgia Campaign for Adolescent Pregnancy Prevention Campaign |
|  | City of Hartford |
|  | Massachusetts Alliance on Teen Pregnancy |
|  | SC Campaign |
|  | University of Texas Health Science Center at San Antonio |

**2. Which of the following describes your role/title?** (*select all that apply*)

|  |  |
| --- | --- |
|  | Clinical technical assistance provider |
|  | Program technical assistance provider |
|  | Youth leadership team coordinator |
|  | Evaluator |
|  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3. For how many years have you held your position?**

|  |  |
| --- | --- |
|  | < 2 years |
|  | 3-5 years |
|  | > 5 years |

**4. For how many years have you worked in teen pregnancy prevention?**

|  |  |
| --- | --- |
|  | < 2 years |
|  | 3-5 years |
|  | > 5 years |

**Section II. Community Mobilization**

**5. Do you lead organizational efforts to work with community partners (e.g., core partner leadership team) in developing action plans and implementing community-wide initiatives?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 6 |
|  | No, please skip to question 8, page 4 |

**6. Please indicate whether you have received formal training and the time frame in which the formal training on leading/facilitating collaborative community-wide efforts was received. Formal training refers to planned teaching of standard knowledge and/or skills related to specific capacities.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill set** | **Never** | **< 2 years** | **3-5 years** | **> 5 years** |
| Conducting a comprehensive community needs and asset assessment in support of TPP |  |  |  |  |
| A theoretical justification for community mobilization in support of TPP |  |  |  |  |
| Developing a long-range community mobilization plan |  |  |  |  |
| Identifying and recruiting participants for a Core Partner Leadership Team |  |  |  |  |
| Identifying and recruiting participants for a Community Action Team |  |  |  |  |
| Identifying and recruiting participants for a Youth Leadership Team |  |  |  |  |
| Supporting community participants to develop TPP goals and identify strategies to address them |  |  |  |  |
| Preparing for possible opposition to TPP within communities |  |  |  |  |
| Identifying strategies for long-term sustainability of TPP activities within communities |  |  |  |  |
| Supporting community team members to evaluate their mobilization efforts |  |  |  |  |

**7. How confident are you in your ability to lead a community group through the following activities?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all Confident**  **1** | **2** | **Somewhat Confident**  **3** | **4** | **Extremely Confident**  **5** |
| Conducting a comprehensive community needs and asset assessment in support of TPP |  |  |  |  |  |
| A theoretical justification for community mobilization in support of TPP |  |  |  |  |  |
| Developing a long-range community mobilization plan |  |  |  |  |  |
| Identifying and recruiting participants for a Core Partner Leadership Team |  |  |  |  |  |
| Identifying and recruiting participants for a Community Action Team |  |  |  |  |  |
| Identifying and recruiting participants for a Youth Leadership Team |  |  |  |  |  |
| Supporting community participants to develop TPP goals and identify strategies to address them |  |  |  |  |  |
| Preparing for possible opposition to TPP within communities |  |  |  |  |  |
| Identifying strategies for long-term sustainability of TPP activities within communities |  |  |  |  |  |
| Supporting community team members to evaluate their mobilization efforts |  |  |  |  |  |

**Section III. Community Mobilization**

**8. Do you lead organizational efforts to facilitate one or more of the 3 partnership groups (i.e., Core Partner Leadership Team, Community Action Team, or Youth Leadership Team)?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 9 |
|  | No, please skip to question 11, page 5 |

**9. With which of the three groups you are involved as a facilitator/group leader?** (*please select all that apply*)

|  |  |
| --- | --- |
|  | Core partner leadership team |
|  | Community action team |
|  | Youth leadership team |

**10. How confident are you in your ability to do the following activities?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all Confident**  **1** | **2** | **Somewhat Confident**  **3** | **4** | **Extremely Confident**  **5** |
| Facilitate the goal setting process within your project team to achieve community mobilization in support of TPP |  |  |  |  |  |
| Work within your project team to identify, recruit and retain the best “mix” of persons for your community teams |  |  |  |  |  |
| Work within your project team to help community teams establish their legitimacy as spokespersons for TPP within their communities |  |  |  |  |  |
| Work within your project team to help community teams rally support for TPP within their communities |  |  |  |  |  |
| Work within your project team to evaluate the functioning of the community teams to achieve their goals |  |  |  |  |  |

**Section IV. Contraceptive Services for Youth**

**11. Do you lead organizational efforts to provide training and technical assistance to clinic partners as part of the Teen Pregnancy Prevention project?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 12 |
|  | No, please skip to question 14, page 7 |

**12.** **Please indicate whether you have received formal training and the time frame in which the formal training on certain topics related to reproductive health services was received. Formal training refers to planned teaching of standard knowledge and/or skills related to specific capacities.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill set** | **Never** | **< 2 years** | **3-5 years** | **> 5 years** |
| The use of the Quick Start Method for dispensing hormonal contraception to adolescents |  |  |  |  |
| The use of the Quick Start Methods for dispensing IUDs |  |  |  |  |
| Pap smear guidelines for adolescents |  |  |  |  |
| Healthcare delivery system budgeting |  |  |  |  |
| Business planning including maximizing coding, billing, and reimbursement strategies |  |  |  |  |
| Coding confidentiality in billing for adolescent reproductive health services |  |  |  |  |
| Work flow processes for patient visits |  |  |  |  |
| Health care delivery systems productivity standards |  |  |  |  |
| Appointment scheduling practices |  |  |  |  |
| Contraceptive methods for adolescents |  |  |  |  |
| Performance improvement or quality improvement methodologies |  |  |  |  |
| Performance measurement |  |  |  |  |
| Strategies for supporting time-alone between a provider and an adolescent client |  |  |  |  |
| Strategies for supporting confidentiality in the delivery of contraceptive and reproductive services for adolescents |  |  |  |  |
| Addressing social determinants of health in the clinical setting |  |  |  |  |
| Male sexual and reproductive health services |  |  |  |  |

**13. How knowledgeable are you about each of the following?**

| **Skill set** | **Not at all**  **1** | **2** | **Somewhat**  **3** | **4** | **Extremely**  **5** |
| --- | --- | --- | --- | --- | --- |
| Intrauterine devices (IUDs) |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Contraceptive implant (Implanon) |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Injectable contraception (Depo-provera) |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Birth control pills |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Emergency contraception |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Male condoms |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Female condoms |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Other methods (**please list**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |

**Section V. Educating Stakeholders**

**14. Do you lead/co-lead organizational efforts to educate stakeholders in your community?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 15 |
|  | No, please skip to question 18, page 8 |

**15. How knowledgeable are you about each of the following?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all**  **1** | **2** | **Somewhat**  **3** | **4** | **Extremely**  **5** |
| How to identify important stakeholders in your community |  |  |  |  |  |
| How to determine your target audiences for stakeholder education |  |  |  |  |  |
| How to determine goals and objectives and an action plan for stakeholder education using data from your community needs assessment |  |  |  |  |  |
| Methods for raising awareness of your community-wide initiative |  |  |  |  |  |
| How to educate on statistics and trends in teen pregnancy, by age and race/ethnicity and for special populations |  |  |  |  |  |
| Methods for educating on evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities |  |  |  |  |  |
| Methods for crisis communication and managing controversy |  |  |  |  |  |

**16. How confident are you in your ability to conduct the following activities?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all Confident**  **1** | **2** | **Somewhat Confident**  **3** | **4** | **Extremely Confident**  **5** |
| Identify important stakeholders in your community |  |  |  |  |  |
| Determine your target audiences for stakeholder education |  |  |  |  |  |
| Determine goals and objectives and an action plan for stakeholder education using data from your community needs assessment |  |  |  |  |  |
| Raise awareness of your community-wide initiative |  |  |  |  |  |
| Educate on evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities |  |  |  |  |  |
| Manage controversy through communication techniques/strategies |  |  |  |  |  |

**17. What resources or tools would increase your capacity to work with stakeholders in your community?**

|  |  |
| --- | --- |
|  | Specific talking points |
|  | Additional training |
|  | Resources and fact sheets |
|  | Individual technical assistance |
|  | Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION VI – Working with Diverse Communities – Project Lead/Co-lead**

**18. Do you lead/co-lead organizational efforts for working with diverse communities?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 19 |
|  | No, please skip to question 21, page 9 |

**19. How knowledgeable are you regarding each of the following topics?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all**  **1** | **2** | **Somewhat**  **3** | **4** | **Extremely**  **5** |
| Health equity |  |  |  |  |  |
| Health disparities |  |  |  |  |  |
| Social determinants of health |  |  |  |  |  |
| Frameworks for examining and addressing social determinants of health |  |  |  |  |  |
| Cultural competency |  |  |  |  |  |
| Strategies for engaging marginalized youth (i.e. foster care, homeless, GLBTQ) in teen pregnancy prevention efforts |  |  |  |  |  |

**20. How confident do you feel about providing technical assistance or training to individuals in your community?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all Confident**  **1** | **2** | **Somewhat Confident**  **3** | **4** | **Extremely Confident**  **5** |
| Increase awareness around the impact of social determinants of teen pregnancy with community partners |  |  |  |  |  |
| Actively engage informal community leaders and other influential community stakeholders (i.e. business leaders) around the significance of addressing social determinants of teen pregnancy |  |  |  |  |  |
| Assess attitudes and beliefs around social determinants among different audiences |  |  |  |  |  |
| Facilitate a process to identify key social determinants of teen pregnancy with community partners |  |  |  |  |  |
| Identify feasible strategies to address key social determinants of teen pregnancy |  |  |  |  |  |
| Enhance levels of cultural competence for clinical providers and program facilitators |  |  |  |  |  |
| Utilize community-based participatory approaches to evaluation |  |  |  |  |  |
| Assess and evaluate progress on strategies to address social determinants of teen pregnancy. |  |  |  |  |  |

**Section VII. Evidence-based Programs**

**21. Do you provide training on evidence-based teen pregnancy prevention programs?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 22 |
|  | No, please skip to question 25, page 11 |

**22. Please list any evidence-based or evidence-informed programs on which you are able to provide a training of facilitators.**

|  |
| --- |
| Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Have you received formal training as a trainer of this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. What organization provided the training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Number of Trainings you conducted in the past 2 yrs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Have you received formal training as a trainer of this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. What organization provided the training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Number of Trainings you conducted in the past 2 yrs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Have you received formal training as a trainer of this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. What organization provided the training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Number of Trainings you conducted in the past 2 yrs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Have you received formal training as a trainer of this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. What organization provided the training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Number of Trainings you conducted in the past 2 yrs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Have you received formal training as a trainer of this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. What organization provided the training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Number of Trainings you conducted in the past 2 yrs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Have you received formal training as a trainer of this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. What organization provided the training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Number of Trainings you conducted in the past 2 yrs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**23. Do you have partners who can provide training of facilitators on evidence-based or evidence-informed programs?**

|  |  |
| --- | --- |
|  | Yes, please answer the following questions.   1. Which partner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Which programs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Where were the trainers trained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | No, please skip to question 24 |

**24. Please list any evidence-based or evidence informed programs that will likely be implemented in your community that you have not received training on**.

|  |  |
| --- | --- |
|  | Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Program **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Section VII. Evidence-Based Programs - Training and Technical Assistance for Implementation**

**25. Do you provide training and technical assistance to support program implementation as part of the Teen Pregnancy Prevention project?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 26 |
|  | No, please skip to question 30, page 15 |

**26. Please indicate whether you have received formal training and the time frame in which the formal training on certain topics related to evidence-based approaches to planning, selection, implementation, and evaluation of evidence-based programs and practices was received. Formal training refers to planned teaching of standard knowledge and/or skills related to specific capacities.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill set** | **Never** | **< 2 years** | **3-5 years** | **> 5 years** |
| Understanding the benefits of using evidence-based approaches such as the Getting To Outcomes (GTO) approach to prevent teen pregnancy |  |  |  |  |
| Knowing which evidence-based programs and/or practices have reduced sexual behaviors leading to teen pregnancy, STI, and/or HIV |  |  |  |  |
| Using logic models to plan general organizational activities |  |  |  |  |
| Using logic models that link risk and protective factors to intervention activities for the purpose of selecting an appropriate TPP program/curriculum or practice. |  |  |  |  |
| Knowing how to plan and conduct effective trainings on evidence-based or evidence-informed programs to others |  |  |  |  |
| Knowing how to assess an evidence-based program for fit with one's priority population and community |  |  |  |  |
| Knowing how to conduct process evaluation |  |  |  |  |
| Knowing how to conduct outcome evaluation |  |  |  |  |

**27. We are interested in the amount of experience you have providing technical assistance and training on the topics listed in question 26. Experience providing training and TA refers to working with one or more client organizations on a particular topic. Please indicate if you have at least 6 months of experience providing technical assistance and training on the following.**

|  |  |  |
| --- | --- | --- |
| **Skill set** | **Yes** | **No** |
| The benefits of using evidence-based approaches such as the GTO approach to prevent teen pregnancy |  |  |
| Which programs, practices, or policies related to promoting adolescent sexual health have evidence of effectiveness |  |  |
| Using logic models to plan general organizational activities |  |  |
| Using logic models that link risk and protective factors to intervention activities for the purpose of selecting an appropriate TPP program/curriculum or practice. |  |  |
| How to plan and conduct effective trainings on evidence-based or evidence-informed programs to others |  |  |
| How to assess an evidence-based program for fit with one's priority population and community |  |  |
| How to conduct process evaluation |  |  |
| How to conduct outcome evaluation |  |  |

**28. How knowledgeable are you regarding each of the following teen pregnancy prevention activities?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all**  **1** | **2** | **Somewhat**  **3** | **4** | **Extremely**  **5** |
| Develop program goals for a teen pregnancy prevention activity or program |  |  |  |  |  |
| Assess how well program activities fit within other existing program activities offered to the same target population |  |  |  |  |  |
| Define a target population for teen pregnancy prevention program(s) or practices |  |  |  |  |  |
| Measure participant satisfaction with a prevention program or practice |  |  |  |  |  |
| Evaluate an activity to ensure that it is meeting goals and objectives, including completing analysis and interpretation of data |  |  |  |  |  |
| Identify those who will be responsible for each program delivery task |  |  |  |  |  |
| Specify the amount of change to expect in program objectives |  |  |  |  |  |
| Assess community strengths in programming by examining existing resources such as existing programs and availability of volunteers |  |  |  |  |  |
| Determine if an existing program or practice is suited to a community program’s goals and objectives |  |  |  |  |  |
| Develop program objectives that are linked to program goals |  |  |  |  |  |
| Examine how a prevention program fits with the philosophy of a community organization |  |  |  |  |  |
| Measure how well program implementation followed the original program design (i.e., fidelity) for each program activity |  |  |  |  |  |
| Ensure that all new program activities are linked to specific goals and objectives |  |  |  |  |  |
| Determine if any evidence-based programs are applicable to a target/priority population(s) |  |  |  |  |  |
| Specify by when one should expect the change in their objectives to occur |  |  |  |  |  |
| Assess the causes and underlying risk factors for teen pregnancy in a community |  |  |  |  |  |
| Assess the adequacy of resources to implement a (new) program (e.g., staff, technical resources, funding) |  |  |  |  |  |
| Create timelines for completing all program tasks |  |  |  |  |  |
| Develop a budget that outlines the funding required for each program activity |  |  |  |  |  |
| Develop a plan to sustain successful programs or activities (i.e., determine future funding sources, staffing) |  |  |  |  |  |
| Use evaluation results to improve delivery of a teen pregnancy prevention program or practice the next time it is offered |  |  |  |  |  |
| Adapt an evidence-based teen pregnancy prevention program while maintaining the integrity of the program |  |  |  |  |  |

**29. How confident would you be providing training or technical assistance in the following areas to support other organizations as part of the TPP project?**

| **Skill set** | **Not at all Confident**  **1** | **2** | **Somewhat Confident**  **3** | **4** | **Extremely Confident**  **5** |
| --- | --- | --- | --- | --- | --- |
| Develop program goals for a teen pregnancy prevention activity or program |  |  |  |  |  |
| Assess how well program activities fit within other existing program activities offered to the same target population |  |  |  |  |  |
| Define a target population for teen pregnancy prevention program(s) or practices |  |  |  |  |  |
| Measure participant satisfaction with a prevention program or practice |  |  |  |  |  |
| Evaluate an activity to ensure that it is meeting goals and objectives, including completing analysis and interpretation of data |  |  |  |  |  |
| Identify those who will be responsible for each program delivery task |  |  |  |  |  |
| Specify the amount of change to expect in program objectives |  |  |  |  |  |
| Assess community strengths in programming by examining existing resources such as existing programs and availability of volunteers |  |  |  |  |  |
| Determine if an existing program or practice is suited to a community program’s goals and objectives |  |  |  |  |  |
| Develop objectives that are linked to goals |  |  |  |  |  |
| Examine how a prevention program fits with the philosophy of a community organization |  |  |  |  |  |
| Measure how well program implementation followed the original program design (i.e., fidelity) for each program activity |  |  |  |  |  |
| Ensure that all new program activities are linked to specific goals and objectives |  |  |  |  |  |
| Determine if any evidence-based programs are applicable to a target/priority population(s) |  |  |  |  |  |
| Specify by when one should expect the change in their objectives to occur |  |  |  |  |  |
| Assess the causes and underlying risk factors for teen pregnancy in a community |  |  |  |  |  |
| Assess the adequacy of resources to implement a (new) program (e.g., staff, technical resources, funding) |  |  |  |  |  |
| Create timelines for completing all program tasks |  |  |  |  |  |
| Develop a budget that outlines the funding required for each program activity |  |  |  |  |  |
| Develop a plan to sustain successful programs or activities (i.e., determine future funding sources, staffing) |  |  |  |  |  |
| Use evaluation results to improve delivery of a teen pregnancy prevention program or practice the next time it is offered |  |  |  |  |  |
| Adapt an evidence-based teen pregnancy prevention program while maintaining the integrity of the program |  |  |  |  |  |
| Document adaptations made to evidence-based programs to reflect and respond to the youth and community context. |  |  |  |  |  |
| Train program facilitators to develop their understanding around cultural and gender difference with respect to adolescent sexual risk behavior, teen pregnancy and implications of this on engagement and program implementation. |  |  |  |  |  |

**Section VIII. Organizational Technical Assistance Needs**

***CDC and the funded national organizations will use the following information to plan future TA and training.***

**30. Please list topics, in order of priority, on which you would most like to receive technical assistance and training through this project over the next year.**

| **Skill set** |
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